



Michigan CCHD Screening- Reporting Form for Homebirths

CCHD Screening using pulse oximetry is required for all infants born in Michigan. Data should be submitted to MDCH even when screening is not completed
This form can be mailed to: **MDCH- CCHD, 201 Townsend St. PO Box 30195, Lansing MI 48909** or by FAX: **517-335-9419**

Demographics requested:

Newborn Screening Kit Number	<input type="text"/>	Midwife/Birth Attendant	<input type="text"/>
Baby's First Name	<input type="text"/>	Baby's Last Name	<input type="text"/>
Baby's Date of Birth	<input type="text"/>	Baby's Medical Record Number	<input type="text"/>
Mother's First Name	<input type="text"/>	Mother's Last Name	<input type="text"/>
		Birth Order	<input type="text" value="A, B, C, D"/>

Pulse Ox Reading 1

Date Time

Perfusion
Index

Foot Sat%

Right Hand Sat%

Difference

Outcome*

Reason Not Completed

Other Reason Not Completed

Pass
Rescreen
Fail

Pulse Ox Reading 2

Date Time

Perfusion
Index

Foot Sat%

Right Hand Sat%

Difference

Outcome*

Reason Not Completed

Other Reason Not Completed

Pulse Ox Reading 3

Date Time

Perfusion
Index

Foot Sat%

Right Hand Sat%

Difference

Outcome*

Reason Not Completed

Other Reason Not Completed

Reason Not Completed: Cardiac/Respiratory Distress, Transfer, Parent Refusal, Death, Prior postnatal diagnosis of CCHD, Referred for further follow-up, Diagnosed prenatally

*If screening outcome was "Fail" what action did you take? Where was infant sent for follow-up?